

## **Healthcare Quality Reporting Program**

### **HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE**

**8:00-9:00am, 1/28/13 at Healthcentric Advisors**

#### **Goals/Objectives**

**&#61607; To discuss HAI work to date and make policy recommendations for pending and upcoming reports**

#### **Members**

**&#61520; Nicole Alexander, MD &#61520; Maureen Marsella, RN,  
BS &#61520; Sheila Turner, RN, MA**

**&#61520; Rosa Baier, MPH &#61520; Linda McDonald,  
RN &#61520; Lee Ann Quinn, RN, BS, CIC**

**&#61603; Utpala Bandy, MD &#61520; Leonard Mermel, DO,  
ScM &#61520; Janet Robinson, RN, Med, CIC**

**&#61520; Marlene Fishman, MPH, CIC &#61520; Pat  
Mastors &#61520; Nancy Vallande, MSM, MT, CIC**

**&#61520; Yongwen Jiang &#61603; Robin Neale, MT (ASCP),  
SM,CIC &#61603; Cindy Vanner**

**&#61603; Julie Jefferson, RN, MPH, CIC &#61603; Kathleen O'Connell,  
RN,BSN,CIC &#61520; Samara Viner-Brown, MS**

#### **Time Topic/Notes**

**8:00am Welcome & Administrative Updates**

**Leonard Mermel, DO, ScM**

**Samara Viner-Brown, MS**

**- Len welcomed participants and reviewed the meeting objectives.**

- Len and Rosa reviewed the previous meeting's action items:
- Share the CRE abstract submission with the Subcommittee (Nicole) – Complete

Rosa sent Nicole's draft abstract to the HAI Subcommittee for comment prior to its submission to the Council of State and Territorial Epidemiologists (CSTE) annual meeting.

- Compare CDI and LabID data (Rosa/Maureen) – Complete

Six of the 11 hospitals submitted Q3 2012 CDI data, allowing Blake to compare CDI vs. Lab ID rates (see handout). Today's agenda included discussion of these data.

- Update the Rhode Island HAI Plan completion column (Rosa) – Complete

Rosa made the edits discussed in December.

- Recommend the formation a Nursing Home HAI group to the Steering Committee (Sam/Rosa) – Complete

Sam, Rosa and Janet presented to the Nursing Home Subcommittee in mid-December to raise awareness about the HHS HAI Action Plan's Long-Term Care Chapter and ask for that Subcommittee's guidance on how to plan for CMS's eventual requirement that nursing homes use NHSN.

At the Nursing Home Subcommittee's suggestion, there will be no new nursing home HAI group formed; the existing Nursing Home Subcommittee will monitor requirements and incorporate this topic as needed.

The Subcommittee did recommend that HEALTH send a letter to alert nursing home administrators that HAI reporting is likely to be

required shortly, and advise that they start thinking about increasing staff and computer access for reporting. Janet commented that she's heard that the administrators read the letters and shared them with the infection preventionists at their facilities. Several nursing home infection preventionists have requested access to Maureen's HAI listserv. A copy of this letter is included with today's minutes.

- Continue discussion of patient handouts re: HAI (Subcommittee) – Pending

This topic will be discussed today.

## **8:05am Updates**

**Rosa Baier, MPH**

### **- CRE abstract**

As mentioned above, Nicole submitted an abstract regarding CRE lab detection methods in Rhode Island to the CSTE annual meeting. Nicole commented that the FDA did accept the new recommended break-points. Nicole will check with Cindy regarding the expected timeframe for incorporation of the breakpoints into the software currently used by microbiology laboratories.

Previously, Rosa shared the survey results with the CDC and our point of contact at the CDC suggested submitting the results to CSTE. There may also be an opportunity for Nicole to participate in a panel discussion.

### **- Comparison of CDI vs. Lab ID**

The group discussed the significant differences between CDI and LabID events. Several scenarios were presented which delineate the

process by which a stool sample is sent to the lab, and found to be positive meeting the LabID Event definition, did not really reflect a CDI. Also, there were examples of positive lab ID tests which should be counted as community acquired, not hospital acquired.

The group noted that if these LabID events are shared with hospital administrators, they should be submitted along with a document explaining the change in definition and the expectation that some of the reported positive tests may be false-positives.

Len and Rosa are preparing a letter to the editor to submit to Infection Control and Hospital Epidemiology, with data from hospitals in Rhode Island demonstrating an increase in incidence when switching from CDI to LabID event and to discuss the policy implications of CMS reporting LabID events.

#### **- Training**

Thanks to Janet for sharing the following with the nursing homes; Maureen thought it was useful and might be of interest to this Subcommittee:

[www.hhs.gov/ash/initiatives/hai/training/partneringtoheal.html](http://www.hhs.gov/ash/initiatives/hai/training/partneringtoheal.html)

#### **8:15am Requirement to Inform Patients of Infection Risk**

**Rosa Baier, MPH**

**Pat Masters**

**- The group reviewed the topics previously discussed (in July 2012):**

- **Legislative requirement**

Rosa read the legislative language included in the HAI Subcommittee's charge:

**“The advisory committee shall recommend written guidelines to be given to every individual before and if necessary during their hospitalization for the purpose of preventing hospital-acquired infections. In emergency hospitalizations, written guidelines shall be given within a reasonable period of time.” (R.I.G.L. Chapter 23-17.17) (<http://webserver.rilin.state.ri.us/Statutes/title23/23-17.17/23-17.17-6.HTM>)**

**- The group reviewed the questions sent with the agenda:**

- **What are hospitals providing to patients?**
- **How are hospitals measuring compliance?**
- **Are there existing data?**
- **Should the program consider reporting process measures?**

**Hospitals have individualized materials to provide to patients, usually at pre-admission testing.**

**- Len and Rosa then led the group in a discussion of current policies and what the committee would like to recommend, if anything:**

- **Current policies**

**In July 2012, the group discussed various hospital policies to address the requirement. All hospitals are following Joint Commission guidelines and most use Speak Up ([/www.jointcommission.org/speakup.aspx](http://www.jointcommission.org/speakup.aspx)). Nancy commented that the Joint Commission requires that hospital staff assess patients for understanding the information provided to them about the risk of**

acquiring infections.

Nancy commented that there are varying policies among the 11 hospitals, and that these take into account the need to repeat information to patients numerous times and the different needs of patients undergoing different types of treatment or surgery.

- **Proposed document**

Pat distributed a document that she created with information for patients entering hospitals; this will be shared with today's minutes. She suggested that this information be shared with patients during pre-admission testing. Gina noted that the materials must be in fifth grade language and translated into multiple languages.

- **Next steps**

There were conflicting opinions as to the committee's recommendation: aligning with the Joint Commission requirement, recommending that information be added to what hospitals distribute or posting additional resources on HEALTH's website. Pat also suggested a short video. Before making a recommendation, the group wanted a chance to review Pat's handout and the HAI Subcommittee's legislative charge in detail. We will resume discussion in February.

**8:35am Healthcare Worker Employee Influenza Vaccination**

**Rosa Baier, MPH**

**Patricia Raymond, RN, MPH (Guest)**

- Rosa thanked Patricia Raymond for joining the group, and reviewed the data submission requirements:

- **Preliminary data submission (1/31/13)**

**Dr. Fine contacted licensed facilities via the email addresses on file with Facilities Regulations (provided during Licensure), asking for interim data submission at [www.health.ri.gov/flushotreport](http://www.health.ri.gov/flushotreport).**

- Final data submission via NHSN (5/31/13)**

**- Rosa and Patricia then led the group in discussion of the following:**

- Will submission to NHSN “count” for the May deadline?**

- Does Healthcentric Advisors have rights to obtain the data in NHSN?**

- How can facilities confirm that HEALTH has received their data?**

- How can facilities determine who received HEALTH’s request for data?**

- Can we clarify the difference between dose and vaccination reporting?**

**- Based on the discussion that followed, the group learned that:**

- The request for preliminary data went to the email address on file with Facilities Regulations (provided during Licensure).**

- HEALTH has been working with infection preventionists to align their form with the NHSN form, including the 30-day employment exclusion criterion.**

- Hospitals will be able to submit to NHSN in May and have those data meet the state’s data submission requirements.**

- Healthcentric Advisors has rights to access the data and can provide them to HEALTH. This is preferable to hospitals conferring rights to HEALTH, in part because HEALTH would then be prohibited (by NHSN) from publicly reporting those data.**

**8:55am Open Forum & Action Items**

**Rosa Baier, MPH**

**- Action items:**

- **Share HEALTH's letter to nursing home administrators (Rosa)**
- **Ask Cindy when the CRE breakpoints will be incorporated into lab software (Nicole)**
- **Write the CDI vs. Lab ID letter to the editor (Len/Rosa)**
- **Share the legislation re: recommending written HAI guidelines (Rosa)**

**(<http://webserver.rilin.state.ri.us/Statutes/title23/23-17.17/23-17.17-6.H>  
TM)**

- **Continue discussion of written HAI guidelines for patients (All)**
- **Next meeting: 2/25/13 at Healthcentric Advisors**